

**NC DIVISION OF MH/DD/SAS SUBSTANCE ABUSE (SAPTBG) FUNDS
INDIVIDUAL SPECIFIC MONITORING
2010 / 2011**

LME:	Date:	
Contract Provider:	Admission Date:	
Control #:	Gender:	
Category:	Record #:	
Rating Codes: 0 = No 1 = Yes 9 = N/A		Rating
1. There is evidence that this individual has a principal or primary DSM IV-TR (or its successors) diagnosis of substance abuse or dependence.		
2. There is evidence of a TB screening included in the service record.		
3. If there was evidence of TB symptoms, there is documentation of a referral for follow-up services.		
4. There is evidence that the American Society of Addictive Medicine Patient Placement Criteria (ASAM) was used to establish the appropriate level of care during the admissions process.		
5. The record contains a signed release of information that is time limited (no more than 12 months) with clear reference to the specific information to be released. <i>(Refer to Monitor Instructions regarding exceptions.)</i>		
6. There is specific language in the released documentation that prohibits re-disclosure.		
7. a. This individual is an identified IV drug user b. There is evidence of timely admission or referral to appropriate services. <i>If 7a = 1/Yes, then answer 7b If 7a = 0/No then rate 7b = 9 and Overall = 9. If 7a = 1/Yes and 7b = 1/Yes, overall rating = 1/MET. If 7a = 1/Yes and 7b = 0/No, overall rating = 0/NOT MET.</i>		a.
		b.
8. There is evidence that a NC TOPPS was completed within the required timeframes: a. Initial Assessment b. 3 month update c. 6 month update d. 12 month update e. Every 6 months thereafter		a.
		b.
		c.
		d.
		e.
COMMENTS:		
REVIEWER:		

**Substance Abuse Prevention and Treatment Block Grant
(Individual Specific) Monitoring Instructions
2010/2011**

**IMPORTANT: DO NOT WRITE THE INDIVIDUAL'S NAME ON THE
MONITORING FORM. THIS IS FOR CONFIDENTIALITY REASONS.**

Categories: IV Drug User, Adult, Child

Question #1 Monitor will review each service record to determine if there is evidence that the individual has a principal or primary DSM IV-TR (or its successors) diagnosis of substance abuse or dependence.

Question #2 Monitor will review each individual record to determine if TB screening was completed at the time of admission and included in the record. A screening consists of a series of interview questions in which an individual's general health status and recent living situation(s) are surveyed, including recent TB skin test results and history of TB, and TB symptoms of individual (or his or her residential cohabitant) including fever, drenching night sweats, productive cough, coughing up blood, shortness of breath, lumps or swollen glands in the neck or arm pits, unexplained weight loss, or diarrhea lasting a week or more.

Question #3 Upon review of TB screening, if any symptoms were evident, review record to determine if referral for appropriate services occurred.

Question #4 Monitor will review each individual record to determine that the American Society of Addiction Medicine -Patient Placement Criteria (ASAM) was utilized upon admission in leveling of admissions. ASAM criteria assess the individual's substance-related condition along six (6) criteria Dimensions:

- Dimension 1: Acute Intoxication and/or Withdrawal Potential
- Dimension 2: Bio-Medical Conditions and Complications
- Dimension 3: Emotional Behavioral Conditions and Complications
- Dimension 4: Treatment Acceptance / Resistance
- Dimension 5: Relapse / Continued Use Potential
- Dimension 6: Recovery Environment

Both the Adult and Adolescent Criteria Address five (5) Levels of service:

- Level 0.5 Early Intervention
- Level 1: Outpatient Services
- Level 2: Intensive Out-Patient / Partial Hospitalization Services
- Level 3: Residential / In-Patient Services
- Level 4: Medically / Managed Intensive In-Patient Services

Question #5 Monitor will review the signed confidentiality statement to assure that the following are included:

- Time limit of no more than one (1) year with reference to the specific information to be released.
- Specific language that prohibits redisclosure of information relating to substance abuse issues.
- Evidence of release of information outside the organizational structure that would not constitute a violation of the federal confidentiality law. (Team leader will assure that one record reflecting a

release of information is monitored; if no information was released in any of the sample records, team leader will request another record that has documentation of the sharing of information.)

- **Note:** Communication (either written or verbal) with providers and/or family members should be supported by a signed consent to release information. If the record log does not indicate any release of information, review other documentation (i.e. Case Manager notes, collaboration with other disciplines, etc.) to discover release of information occurrences. Review of one incident is sufficient for MONITORING purposes.
- **Exceptions:** APSM 45-1 Confidentiality Rules 10 NCAC 18D .o208 (b) (2) reads, “*Unless revoked sooner by the client or the client’s legally responsible person, a consent for release of information shall be valid for a period not to exceed one year except under the following conditions*”:
 - (1) A consent for release of information to the Division, Division of Motor Vehicles, the Court, and the Department of Correction for information needed in order to reinstate a client’s driving privilege shall be considered valid until reinstatement of the client’s driving privilege.
 - (2) A consent to continue established financial benefits shall be considered valid until cessation of benefits.

Question #6 Monitor will review information released to determine if the information included a statement that re-disclosure is prohibited and that information was not shared with an agency for which there was not a signed consent for the release of information.

Question #7a/b. Monitor will review record to determine if the individual is an IV drug user. *If 7a = 1/Yes, then answer 7b If 7a = 0/No then rate 7b = 9 and Overall = 9. If 7a = 1/Yes and 7b = 1/Yes, overall rating = 1/MET. If 7a = 1/Yes and 7b = 0/No, overall rating = 0/NOT MET.*

Question #7b. Monitor will determine if, from date of assessment, either treatment was provided within two (2) weeks, or if treatment was not available within two (2) weeks, a referral to another service was made within forty-eight (48) hours.

Documentation relating to these questions should be found in the progress note(s), and in copies of referrals, applications or correspondence.

Question #8 The monitor will review each service record to determine if a NC TOPPS Initial Assessment was completed. The NC TOPPS Initial Assessment should be submitted within thirty (30) days of the first date of service.

- Subsequent updates must be completed within fifteen (15) days before or after the due date. The due dates are based upon the day the initial interview was started on the web-based system.
- A copy of the NC TOPPS Initial Assessment form should be found in the service record.
- The reviewer should determine when the initial assessment was started and calculate when the three (3), six (6), and twelve (12) month updates were due (updates after twelve (12) months are due every six (6) months).
 - ◆ Three (3) month update: Ninety (90) days following initial interview, plus or minus two (2) weeks (76-104 days)
 - ◆ Six (6) month update: 180 days following initial interview, plus or minus two (2) weeks (166-194 days)
 - ◆ Twelve (12) month update: 360 days following initial interview, plus or minus two (2) weeks (346-374 days)
 - Six (6) month updates thereafter (18, 24, 30, etc. months)

Rate each element (a-e) 1/MET or 0/NOT MET. If an update is not due, rate the element (b-e) 9/NA. All elements (a-e) must be rated either 1 or 9 for the overall rating to be 1/MET. If any element is rated 0, the overall rating is 0/NOT MET.